

DECLARATION FOR PATENT APPLICATION

Attorney Docket: 27063U

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As below-named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our names.

We believe we are the first and joint inventors of the subject matter which is claimed, and for which a patent is sought on the invention entitled:

Self-Adhesive Reabsorbable Hemostyptic

the specification of which: (check one)
[] is attached hereto.

[XX] was filed on April 13, 2004, as Serial No. PCT/EP2004/003850,

and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this application as defined by 37 CFR § 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications:

<u>103 18 802.9</u> (Application No.)	<u>GERMANY</u> (Country)	<u>17 / April / 2003</u> (Day/Month/Year)	[XX] <input checked="" type="checkbox"/> Yes	[] <input type="checkbox"/> No
<u> </u> (Application No.)	<u> </u> (Country)	<u> / / </u> (Day/Month/Year)	[] <input type="checkbox"/> Yes	[] <input type="checkbox"/> No
<u> </u> (Application No.)	<u> </u> (Country)	<u> / / </u> (Day/Month/Year)	[] <input type="checkbox"/> Yes	[] <input type="checkbox"/> No

We hereby appoint the Practitioners associated with the following Customer Number:

Customer Number 20529**Direct Telephone Calls to:**

Gary M. Nath
(202) 775-8383

Send Correspondence to:
NATH & ASSOCIATES PLLC
1030 15th St., N.W., 6th Fl.
Washington, D.C. 20005 U.S.A.

We hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I/we acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(U.S. Application Serial No.) (U.S. Filing Date) (Status--patented, pending, abandoned)

(U.S. Application Serial No.) (U.S. Filing Date) (Status--patented, pending, abandoned)

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We hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)

Filing Date

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Erich K. ODERMATT

Inventor's Signature _____ Date: _____

Residence: Fernsichtstrasse 7a, CH-8200 Schaffhausen, SWITZERLANDCountry of Citizenship: SwitzerlandPost Office Address: Same as AboveFull name of second inventor: Jürgen WEGMANN

Inventor's Signature _____ Date: _____

Residence: Goethestrasse 10, 78573 Wurmlingen, GERMANYCountry of Citizenship: GermanyPost Office Address: Same as AboveFull name of third inventor: Bernd BLENDER

Inventor's Signature _____ Date: _____

Residence: Fuchsgasse 3, 88367 Hohentengen, GERMANYCountry of Citizenship: GermanyPost Office Address: Same as AboveFull name of fourth inventor: Jürgen DUFFNER

Inventor's Signature _____ Date: _____

Residence: Kasernenstrasse 46, 78315 Radolfzell, GERMANYCountry of Citizenship: GermanyPost Office Address: Same as Above

Full name of fifth inventor: _____

Inventor's Signature _____ Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____

Full name of sixth inventor: _____

Inventor's Signature _____ Date: _____

Residence: _____

Country of Citizenship: _____

Post Office Address: _____